

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214527916					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Loudoun County Volunteer Rescue Squad, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: TASHA PEACH 143 CATOCTIN CIR SE PO BOX 1178 LEESBURG, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/29/2014</p> <p>SCC ID NO: 00679829</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 143 CATOCTIN CIR SE PO BOX 1178</p> <p style="text-align: center;">CITY/ST/ZIP: LEESBURG, VA 20177</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: GLENN KAUPIN TITLE: PRESIDENT ADDRESS: P O BOX 1178 CITY/ST/ZIP/CO: LEESBURG, VA 20175 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: GLENN KAUPIN TITLE: PRESIDENT ADDRESS: P O BOX 1178 CITY/ST/ZIP/CO: LEESBURG, VA 20175	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCIS RATH PRESIDENT P O BOX 1178 LEESBURG, VA 20177	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIMMY CROMER DIRECTOR P O BOX 1178 LEESBURG, VA 20175	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICK DIZEREGA DIRECTOR P O BOX 1178 LEESBURG, VA 20175	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVE GALEN DIRECTOR P O BOX 1178 LEESBURG, VA 20175	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRY HOUSEHOLDER DIRECTOR P O BOX 1178 LEESBURG, VA 20175	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSE NAVA DIRECTOR P O BOX 1178 LEESBURG, VA 20175	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY RYMAN DIRECTOR P O BOX 1178 LEESBURG, VA 20175	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBBIE SMALLWOOD DIRECTOR P O BOX 1178 LEESBURG, VA 20175	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENA VA DAVIS DIRECTOR P O BOX 1178 LEESBURG, VA 20175	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ NATASHA PEACH		NATASHA PEACH, SECRETARY		5/29/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					